

ISSUE SLP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>IVF</i>		<i>11-29</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>43</i>	<i>7/9/04</i>
FORMALITY REVIEW	<i>S.L</i>	<i>1-32</i>	<i>03/27/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ----- Rejected      N ----- Non-elected  
 = ----- Allowed      I ----- Interference  
 - (Through numeral) ----- Canceled      A ----- Appeal  
 + ----- Restricted      O ----- Objected

Claim	Date
1	07/04/10
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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029  
 05/27